

1 DOWNEY BRAND LLP
2 JAMIE P. DREHER (Bar No. 209380)
3 Email: jdreher@downeybrand.com
4 621 Capitol Mall, 18th Floor
5 Sacramento, California 95814
6 Telephone: 916.444.1000
7 Facsimile: 916.444.2100
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9 Attorneys for Brooke M. Hawes

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION

In re
PG&E Corporation,
and
PACIFIC GAS AND ELECTRIC
COMPANY,
Debtors.

- Affects PG&E Corporation
 Affects Pacific Gas and Electric Company
 Affects both Debtors

*All papers shall be filed in the Lead Case,
No. 19-30088-DM,

Case No. 19-30088-DM

Chapter 11
Lead Case, Jointly Administered

**EXHIBIT LIST IN SUPPORT OF
MOTION PURSUANT TO FED. R.
BANKR. P. 9006(b)(1) TO ENLARGE THE
TIME FOR BROOKE M. HAWES TO
FILE PROOF OF CLAIM**

Date: July 7, 2020
Time: 10:00 a.m.
Crtrm.: Courtroom 17
450 Golden Gate Avenue
San Francisco, CA 94102
Judge: Hon. Dennis Montali

Objection deadline: July 2, 2020
4:00 p.m. (Pacific Time)

<u>Exhibit</u>	<u>Description Of Exhibit</u>	<u>Page No</u>
Exhibit 1 to Motion	Proof of Claim	3

DOWNEY BRAND LLP

DATED: June 5, 2020

By: _____ /s/ Jamie P. Dreher
JAMIE P. DREHER
Attorneys for Brooke M. Hawes

EXHIBIT 1

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)**

In re:
**PG&E CORPORATION,
- and -
PACIFIC GAS AND ELECTRIC
COMPANY,
Debtors.**

**Bankruptcy Case
No. 19-30088 (DM)**

**Chapter 11
(Lead Case)
(Jointly Administered)**

Proof of Claim (Fire Claim Related)

Read the instructions before filing this claim form. This form is for tort claimants who have a claim against the Debtors (i.e. PG&E Corporation and Pacific Gas and Electric Company) that arose prior to the Debtors filing for bankruptcy (i.e. prior to January 29, 2019) and that arose from, or relates to, a fire.

Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.

DO NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

Part 1: Identify the Claim

1. Who is the current creditor?	Brooke M. Hawes <small>Name of the current creditor (the person or entity to be paid for this claim)</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Are you filing this claim on behalf of your family?	<input checked="" type="checkbox"/> No If you checked "Yes", please provide the full name of each family member that you are filing on behalf of: <small>A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.</small> _____ _____ _____ _____ _____		
4. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name <u>Reiner, Slaughter & Frankel</u> Attorney Name (if applicable) <u>Russell Reiner</u> Attorney Bar Number (if applicable) <u>84461</u> Street Address <u>2851 Park Marina Dr, Suite 200</u> City <u>Redding</u> State <u>CA</u> Zip Code <u>96001</u> Phone Number <u>530-2411905</u> Email Address <u>rreiner@reinerslaughter.com</u>	Name <u>Eric Ratinoff Law Corp Client Trust Account</u> Attorney Name (if applicable) <u>Eric J. Ratinoff</u> Attorney Bar Number (if applicable) <u>166204</u> Street Address <u>401 Watt Avenue</u> City <u>Sacramento</u> State <u>CA</u> Zip Code <u>95864</u> Phone Number <u>916-970-9100</u> Email Address <u>nziegler@ericratinoff.com</u>	
5. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ / _____ / _____		
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2: Give Information About the Claim as of the Date this Claim Form is Filed

7. What fire is the basis of your claim? Check all that apply.		<input checked="" type="checkbox"/> Camp Fire (2018) <input type="checkbox"/> North Bay Fires (2017) <input type="checkbox"/> Ghost Ship Fire (2016) <input type="checkbox"/> Butte Fire (2015) <input type="checkbox"/> Other (please provide date and brief description of fire: _____)
8. What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different?)		Location(s): 14792 Wildlife Dr, Magalia, CA 95954
9. How were you and/or your family harmed? Check all that apply		<input checked="" type="checkbox"/> Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage) <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Renter <input checked="" type="checkbox"/> Occupant <input type="checkbox"/> Other (Please specify): _____ <input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Wrongful Death (if checked, please provide the name of the deceased) _____ <input type="checkbox"/> Business Loss/Interruption <input type="checkbox"/> Lost wages and earning capacity <input checked="" type="checkbox"/> Loss of community and essential services <input type="checkbox"/> Agricultural loss <input checked="" type="checkbox"/> Other (Please specify): Mental & Emotional Anguish
10. What damages are you and/or your family claiming/seeking? Check all that apply		<input checked="" type="checkbox"/> Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage) <input checked="" type="checkbox"/> Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage) <input checked="" type="checkbox"/> Punitive, exemplary, and statutory damages <input checked="" type="checkbox"/> Attorney's fees and litigation costs <input checked="" type="checkbox"/> Interest <input checked="" type="checkbox"/> Any and all other damages recoverable under California law <input type="checkbox"/> Other (Please specify): _____
11. How much is the claim?		<input type="checkbox"/> \$ _____ (optional) <input checked="" type="checkbox"/> Unknown / To be determined at a later date

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
 I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/02/2020 (mm/dd/yyyy)

/s/Russell Reiner

Signature

Print the name of the person who is completing and signing this claim:

Name	Russell	Reiner	
	First name	Middle name	Last name
Title	Lawyer		
Company	Reiner, Slaughter & Frankel		
Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	2851 Park Marina Dr, Suite 200		
	Number	Street	
	Redding	CA	96001
	City	State	ZIP Code
Contact phone	530-241-1905	Email	rreiner@reinerslaughter.com

7706091701.m



Delivered
Wednesday 6/03/2020 at 9:51 am



DELIVERED

Signed for by: J RODRIGUEZ



GET STATUS UPDATES

OBTAI~~N~~ PROOF OF DELIVERY

FROM

REINER SLAUGHTER & FRANKEL
1250 E. 14th Street
Suite 200
Minneapolis, MN 55404
T 612.333.1200

TO

FED EX CORPORATION - GARDEN CITY
1000 10TH AVENUE
GARDEN CITY, ID 83424
T 208.661.1000

Travel History

Shipping Facts

Returns